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APPLICANTS

Patricia Melzer, Baltimore, MD;

\*\* CONTINUING DATA \*\*\*\*\*  
*NBC 12/05*  
*NONE*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*7.30 N/A*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 05/24/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	SHEETS DRAWING 4	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
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Verified and Acknowledged

Examiner's Signature *[Signature]* Initials *[Initials]*

ADDRESS  
 40158  
 LEONARD & PROEHL, PROF. L.L.C.  
 3500 SOUTH FIRST AVENUE CIRCLE  
 SUITE 250  
 SIOUX FALLS , SD  
 57105

TITLE  
 Hair styling vacuum device

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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